

APPLICATION FOR EMPLOYMENT
COURT OF JUSTICE

TITLE OF POSITION(S) FOR WHICH
YOU ARE APPLYING

AN EQUAL OPPORTUNITY EMPLOYER

1. Social Security No. Telephone No. _____ Date _____
2. Name _____
Last First Middle
3. Address _____
Street, R.F.D., or Box No. City State Zip Code
4. Are you a U.S. Citizen? _____ Place of Birth _____
City State
5. Date of Birth _____ (Federal and state laws prohibit practices that discriminate on the basis of age.)
Month Day Year
6. Have you ever been **fined or convicted** for violation of any law? _____
If yes, please give dates and details _____
7. Have you ever applied for Kentucky state employment? _____ If yes, when? _____
8. Have you ever taken a Kentucky State Merit Exam? _____ If yes, when? _____
9. Are you presently employed by the state of Kentucky? _____ What Department? _____
10. Have you ever been employed by the state of Kentucky? _____ When? _____ Under what Name? _____
11. Can you type? _____ Can you take dictation? _____ List any equipment you can operate? _____
12. Do you have a driver's license? Yes _____ No _____, please indicate license number and state _____
13. AVAILABILITY
- A. List the county or counties where you are willing to work: _____
- B. Date available for work _____ Check shifts you will work: Day _____ Evening _____ Night _____ Rotating _____
- C. Type of work wanted: Permanent Full-Time _____ Permanent Part-Time _____ Temporary Full-Time _____ Temporary Part-Time _____
Summer Only _____
- D. Will you work overtime if necessary? Yes _____ No _____ Are you willing to travel? Yes _____ No _____
14. EDUCATION AND TRAINING: Please give complete information for all your education and training.

Circle Highest Grade Completed

Grade School
1 2 3 4 5 6 7 8

High School
9 10 11 12

College
1 2 3 4

Graduate School
1 2 3 4

G.E.D. Test: Yes _____ No _____ If you have passed a High School Equivalency Test (G.E.D.), attach a copy of the scores or the diploma.

School	Name and Location of School	Dates Attended		Date of Graduation		No. of Hours*		Courses of Study		Degree
		From	To	Month	Year	Completed	Now Carrying	Major	Minor	
High School										
College or University										
College or University										
Vocational, Business, Military										

*Please indicate if quarter hours. Yes _____ No _____

What is the average number of hours per week you spent attending vocational school or business college? _____

15. **LICENSES OR CERTIFICATES:** If you have a license, certificate or other authorization to practice a trade or profession (including teaching), complete the following:

Name of Trade or Profession	License No.	License Date	Name and Address of Licensing Agency

16. CHARACTER REFERENCES: Other than relatives, former employers, or supervisors

Name	Address	OCCUPATION - Where Employed

17. **EMPLOYMENT HISTORY:** Begin with your present or most recent job and list **fully and accurately** the details of each job you have held.

A. Employed: From Mo. _____ Yr. _____ To Mo. _____ Yr. _____ Title of position _____ Average hours worked per week _____ Starting salary _____ Last salary _____ Reason for leaving _____ Name and address of employer _____ _____ Kind of business _____ Number of employees you supervised _____ Name and title of your immediate supervisor _____	Describe your duties _____ _____ _____ _____ _____ _____ _____
B. Employed: From Mo. _____ Yr. _____ To Mo. _____ Yr. _____ Title of position _____ Average hours worked per week _____ Starting salary _____ Last salary _____ Reason for leaving _____ Name and address of employer _____ _____ Kind of business _____ Number of employees you supervised _____ Name and title of your immediate supervisor _____	Describe your duties _____ _____ _____ _____ _____ _____ _____
C. Employed: From Mo. _____ Yr. _____ To Mo. _____ Yr. _____ Title of position _____ Average hours worked per week _____ Starting salary _____ Last salary _____ Reason for leaving _____ Name and address of employer _____ _____ Kind of business _____ Number of employees you supervised _____ Name and title of your immediate supervisor _____	Describe your duties _____ _____ _____ _____ _____ _____ _____

17. EMPLOYMENT HISTORY: (continued)

<p>D.</p> <p>Employed: From Mo. ____ Yr. ____ To Mo. ____ Yr. ____</p> <p>Title of position _____</p> <p>Average hours worked per week _____</p> <p>Starting salary _____ Last salary _____</p> <p>Reason for leaving _____</p> <p>Name and address of employer _____</p> <p>_____</p> <p>_____</p> <p>Kind of business _____</p> <p>Number of employees you supervised _____</p> <p>Name and title of your immediate supervisor _____</p> <p>_____</p>	<p>Describe your duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>E.</p> <p>Employed: From Mo. ____ Yr. ____ To Mo. ____ Yr. ____</p> <p>Title of position _____</p> <p>Average hours worked per week _____</p> <p>Starting salary _____ Last salary _____</p> <p>Reason for leaving _____</p> <p>Name and address of employer _____</p> <p>_____</p> <p>_____</p> <p>Kind of business _____</p> <p>Number of employees you supervised _____</p> <p>Name and title of your immediate supervisor _____</p> <p>_____</p>	<p>Describe your duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

18. Are you a veteran? ____ Yes ____ No If answer is yes, please complete the following:

Date of Entry on Active Duty _____ Date of Discharge _____ Rank at Discharge _____

19. This is to be used for statistical purposes only and to assure equal employment opportunity. Completion of these items is voluntary.

RACE: [] White [] Black [] Other

SEX: [] Male [] Female

20. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation

that you believe would be appropriate. _____

SIGNATURE - All applicants please read and sign the statement below:

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I may not be considered for employment or, if employed, I may be dismissed and disqualified from employment. I hereby authorize the Administrative Office of the Courts to make all necessary investigations concerning me, my future work, habits, character, or my action in any transaction. I authorize the Administrative Office of the Courts to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (**including law enforcement agencies**) to provide all information that may be sought in connection with this application.

Date _____ Signature X _____